



Congressman Greg Steube (FL-17)

PRIVACY ACT STATEMENT

Name: _____ Date of Birth: ____/____/____

Mobile Phone: (____) _____ Home Phone: (____) _____

Email: _____

Address: _____

City: _____ State: ____ Zip: _____

The federal agency I need assistance with: _____ (V.A., Social Security, etc.)

SS# /VA#/Case #: _____

The issue I am having is:

The resolution I am seeking is:

Signature: _____ Date: ____/____/____

Please return this form to:



Darla Vient
226 Taylor St.
Suite 230
Punta Gorda, FL 33950

Email:
Darla.Vient@mail.house.gov
Fax: (941) 575-9103



Sami Araboghli
871 Venetia Bay Blvd.
Suite 112
Venice, FL 34285

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Note: The Privacy Act requires the completion of this form in order for Congressman Steube or his representatives to receive information on behalf of his constituents. I hereby authorize Congressman Steube or his representatives to receive information on my behalf and/or to discuss my records with the agency involved.